

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tomomi MOMOHARA

Serial No: 10/829,320

Confirmation No.: 5681

Filed: April 21, 2004

For: Semiconductor Integrated Circuit Device and Method of  
Testing the Same

Art Unit: 2815

Examiner: Fenty, Jesse A.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
January 25, 2005

Date of Deposit  
Juanita Soberanis

Name  
*Juanita Soberanis* January 25, 2005  
Signature Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application is the following items.

- ☒ Reply  
☒ Petition For Extension of Time (1-month)  
☒ Return postcard

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ A check in the amount of \$ 120.00 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: January 25, 2005

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California  
90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701

By: *Troy M. Schmelzer*  
Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)